

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36571

FILED AUG 2 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1404 Bryant Building
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1630 N. Noland
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Floyd Whipple, Sr.

3. (b) If veteran, name war None
3. (c) Social Security No. 496-09-3644

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blanche Whipple
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Feb. 27 - 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>4</u>	<u>22</u>	hr. min.

9. Birthplace Dows Towd
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Pratt + Whitney

12. Name Edward Whipple

13. Birthplace Green Lake Wis.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Jordan

15. Birthplace Bloomington ILL.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche Whipple

(b) Address 1630 N. Noland

17. (a) Burial (b) Date thereof 7-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director George O. Carlson

(b) Address Independence, MO

19. (a) 7-21-44 (b) P. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1944 hour 11:50 minute 0 A. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19...;
that I last saw him alive on _____, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary insufficiency
Due to Moderately advanced coronary sclerosis

Due to _____
Other conditions all
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy see above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature A. E. Walker (M. D. or other)
Address 23rd & McKay Date signed 7/21/44

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Dean Owens*

Licensed Embalmer No. *4280*

P. O. Address *Indep, Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.